

Application for Membership*

Representative _____ Title _____
Company _____
Address _____
Street City State Zip
Phone _____ Email _____
Web Address - www. _____ (For internal communication purposes only)
of Employees _____
Sponsor: _____ Employer Identification #/SSN* _____
Description of Business: _____

*All applicants will be subject to a background check by SafeGuard. Please see next page for details.

Membership Classification

- Builder Member \$600 = annual investment + \$95 background check (one-time)
- Associate Member \$500 = annual investment
- Financial Institution \$600 = annual investment

Membership Signature

A remittance of the amount, in accordance with the above marked classification, representing my annual membership investment and application fee for the Medina County Home Builders Association (MCHBA) accompanies this application. With this payment, I understand my investment will also cover annual membership in the National Association of Home Builders and the Ohio Home Builders Association. I agree to abide by the Bylaws of all three of these Associations.



Signature: _____ Date: _____

Investment payments to the MCHBA are NOT deductible as charitable contributions for Federal Tax purposes. A portion of the investment is deductible as a business expense. You can contact our office for the amount that will not be deductible due to the funds being allocated to lobbying activities by the NAHB, OHBA and MCHBA.

Method of Payment

- Cash/Check (Make check payable to MCHBA) Check # _____
- Credit Card – VISA / MasterCard (circle one)
Card Holder Name: _____
Card Number: _____ 3-digit Code: _____
Expiration Date: _____ Signature: _____

(By signing this, I authorize the investment payment noted above to be charged to my credit card)

- Please check here if you DO NOT wish to have your email address in the various MCHBA publications.

FOR OFFICE USE ONLY

Date Received: _____ Date Approved: _____